

State of Vermont
Office of Risk Management
2 Governor Aiken Avenue
Montpelier, VT 05633-5801
(802) 828-3314
(802) 828-1269 fax
riskhelp@state.vt.us



AUTOMOBILE ACCIDENT OR LOSS NOTICE

STATE EMPLOYEE INFORMATION	DEPARTMENT		ADDRESS		PHONE
	DATE & TIME OF ACCIDENT			LOCATION	
	MAKE & MODEL OF VEHICLE		YEAR	REGISTRATION NO.	
	NAME OF DRIVER		WORK ADDRESS & PHONE NO.		
CLAIMANT INFORMATION	DRIVER				
	HOME PHONE		WORK		
	ADDRESS				
	VEHICLE OWNER				
	HOME PHONE		WORK		
	ADDRESS				
	MAKE & MODEL OF VEHICLE		YEAR	REGISTRATION NO.	
	INSURANCE CARRIER		PHONE	POLICY NUMBER	
INJURED PARTIES	NAME & ADDRESS		TAKEN TO HOSPITAL FROM SCENE (Y/N)		
	1.				
	2.				
WITNESSES	NAME, ADDRESS, PHONE				
SCENE DIAGRAM YOUR CAR (LABEL #1) OTHER CAR (LABEL #2)					
INCIDENT DESCRIPTION	DIRECTION OF TRAVEL/ SIDE OF STREET		SPEED	LIGHTS ON?	SIGNAL GIVEN?
	WEATHER AT TIME OF ACCIDENT		CONDITION OF ROAD	WHAT POLICE DEPARTMENT?	REPORT MADE?
	DRIVER'S DESCRIPTION OF ACCIDENT OR LOSS:				
	PREPARER:		DATE:		

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